역,S, Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.	
E 7/13/0'S		
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1. File Number U - 2600	2. Fiscal Year Covered From:	
7		
	1 / 1 / 04 Through: 12 / 81 / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Dean Corgey	Name Seafarers Intl. Union, AGLIWD/NMU	
	Labor Organization File Number 052-789	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1221 Pierce Street	Street 5201 Auth Way	
1221 2101 00 001000	1	
City Houston	City Camp Springs	
State Texas ZIP Code + 4 77002	State Maryland ZIP Code + 4 20746	
5. Position in labor organization. Vice President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests		
(except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Name		
Trade Name, if any.	1	
P.O. Box, Bldg., Room No., if any	7.b. Amount	
Suest		
00001	÷	
City		
State ZIP Code + 4		
Sign	Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
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Signed	On 7-13-05 713-659-5152 Date Telephone Number	

larne of Person Filing Dean Corgey	File Number U- 2600
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Buchbinder Tunick & Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6116 Executive Blvd. City Rockville State Maryland ZIP Code + 4 20852 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Accounting Services
Street	11.b. Approximate dollar value of such dealing. \$103,928
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Dinner for self and spouse. Cost of Dinner reimbursed to Buchbinder Tunick & Co. on 7-8-05.
	12.b. Amount. \$1.80
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value. 14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Seafarers Vacation Plan	r parts A and B above) or other thing of value. 14.a. Nature of payment. Hotel and airfare paid directly by the Seafarers Vacation Plan (amount unknown) in connection